

Morale, Welfare and Recreation Directorate  
Naval Submarine Base  
Kings Bay, Georgia 31547

Consent Form
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I hereby authorize MWR/SUBASE Security Department to receive any criminal history record information pertaining to me, which may be in the files of any federal, state or local criminal justice agencies. **PRINT CLEARLY OR WILL NOT BE PROCESSED IN A TIMELY MANNER**

Full Name: (Print) \_\_\_\_\_

Last	First	Middle Name
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SSN: \_\_\_\_\_ RACE: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_

Place of Birth: CITY: \_\_\_\_\_ STATE \_\_\_\_\_

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Signature of Applicant / Date

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Witness / Date

NOTE: In the event that an access decision is made adverse to a person whose record was obtained pursuant to Code section, (35-3-4) the person will be informed by the business, agency, or person making the adverse access decision of all information that a record was obtained from the Navy Security Department Kings Bay, Georgia, the specific contents of the record, and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor.

\*\*REQUESTING DEPARTMENT POC: \_\_\_\_\_

FOR OFFICE USE BELOW THIS POINT

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FIRST ENDORSEMENT

From: Terminal Agency Coordinator, Naval Submarine Base  
To:

1. \_\_\_\_\_ Crime Information Center checks were performed on the above named individual. Federal/State Criminal History Repositories (SCHR) results have been reviewed and did/did not reveal any adverse or derogatory information.

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Signature \_\_\_\_\_

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Date \_\_\_\_\_

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 U.S.C. section 552a

**PRINCIPAL PURPOSE:** To control access to and movement in or on DOD installations, buildings, or facilities.

**DISCLOSURE:** Voluntary; however, failure to provide information may result in refusal to grant access to DoD installations, buildings, facilities.

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